

12114

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 181a
Registered No. 87

1. PLACE OF BIRTH

County Gila State Arizona
Township _____ or Village _____
City Hayden No. _____ St. _____ Ward _____

2. Full name of child Santiago Gallardo
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

3. Sex Male If plural births _____
4. Twin, triplet, or other _____
5. Number, in order of birth _____
6. Premature _____ Full term X
7. Legitimate? YES
8. Date of birth Aug 27, 1924
(Month, day, year)

9. Full name FATHER
Santiago Gallardo

18. Full maiden name MOTHER
Maria Rodriguez

10. Residence (usual place of abode) Hayden, Ariz
(If nonresident, give place and State)

19. Residence (usual place of abode) Hayden, Ariz
(If nonresident, give place and State)

11. Color or race Mex 12. Age at last birthday 34 (Years)

20. Color or race Mex 21. Age at last birthday 20 (Years)

13. Birthplace (city or place) Tucson
(State or country) Arizona

22. Birthplace (city or place) Santa Ana
(State or country) Sonora, Mexico.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Steam Power Plant

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work Aug 27th, 1924

25. Date (month and year) last engaged in this work Aug 27, 1924

17. Total time (years) spent in this work 10

26. Total time (years) spent in this work 4 yrs

27. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 0

28. If stillborn, period of gestation _____ { months or weeks } 29. Cause of stillbirth _____
Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 8.00A m. on the date above stated
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)
(Signed) Santiago Gallardo

Given name added from a supplemental report 276-827-499 (Date of) _____
or Father _____ Midwife _____

Address Hayden, Arizona
Filed Nov 7th, 1931 _____ Registrar.